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Items of Interest:

- **Memorial Day, May 30.** Memorial Day, originally called Decoration Day, is a day of remembrance for those who died in our nation's service. Memorial Day was officially proclaimed 5 May 1868 by General John Logan, national commander of the Grand Army of the Republic, and was first observed 30 May 1868. For more interesting facts and family-fun trivia on the history of Memorial day, visit the web site: <http://www.usmemorialday.org/backgrnd.html>
- The Department of Defense (DoD) announced the appointment of **Rear Admiral Nancy J. Lescavage**, NC, USN, as the new TRICARE West regional director effective in June 2005. Lescavage currently serves as the Director of the Navy Nurse Corps and Commander of the Naval Medicine Education and Training Command, Bethesda, Md.
- **Tornado preparedness.** Don't get caught off-guard by unexpected wicked weather this summer. For more information on tornado preparedness, visit the web site at <http://www.fema.gov/news/newsrelease.fema?id=17223>

Navy and Marine Corps Medical News

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Tarawa Medical Department Prepares for Western Pacific Deployment

By Journalist 3rd Class Adam Stapleton, USS Tarawa Public Affairs

USS TARAWA - With a six-month deployment fast approaching for the San Diego-based amphibious assault ship USS Tarawa (LHA 1) (Big T), the ship's medical department is preparing to handle the needs of more than 3,000 Sailors and Marines.

"Getting ready for deployment takes a lot of training," said Lt. Cmdr. Vincent DeCicco, Tarawa's senior medical officer, whose department just received a fifth consecutive "Green H" award for overall excellence in health promotions programs. "Training is the big thing. We're conducting training every day on everything from sick call and biological warfare to physi-

cal fitness and operation space cleanliness."

With time quickly winding down, hospital corpsmen and dental technicians are working overtime almost every day to meet the medical needs of the crew, the embarked units and the Marines.

"Sometimes the hours are arduous, but you have to remind yourself at the end of the day that all of this is going to pay off during the deployment," said Hospital Corpsman 3rd Class Joshua Miller, a Tarawa surgical technician.

Tarawa's medical department has to be ready to handle more

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Petty Officer 1st Class Matthew J. Leonard shows an emergency air supply equipment pack to Royal Thai corpsmen. The training is part of a five-day U.S. and Thai training exchange during Cobra Gold 2005. Leonard is with Headquarters Battalion, 3rd Marine Division currently serving as the senior medical department representative with the camp battalion aid station. The Thai sailors are with the Medical Battalion, Support Regiment, Anti-Aircraft and Coastal Defense Command. U.S. Marine Corps photo by Sgt. C. Nuntavong

Deputy Surgeon General Retires After 32-year Navy Career

By Christine A. Mahoney, BUMED
Public Affairs



WASHINGTON – The Bureau of Medicine and Surgery (BUMED) wished Deputy Surgeon General, Rear Adm. Kathleen Martin, "Fair Winds and Following Seas" Friday, May 27, during a ceremony held at the Washington Navy Yard. Martin retired from the Navy after fulfilling over 32 years of devoted and committed service.

"I took my career one tour at a time. Every time I was at the end of a tour and looking at possibly getting out of the Navy, I would get an offer for another different and challenging assignment, so the Navy hooked me each time," said Martin. "It was not until I was in San Diego and a senior Lt Cmdr. that I realized all of the sudden I had made a career out of this. I was already at the 15-year point before I realized that when people would say 'career Naval officer,' they were talking about me. Until that point, my career had been one tour at a time, one assignment at a time, one challenge at a time".

Martin arrived in the National

Capitol area in August 1998. During her first few years in Washington, she served as the Medical Inspector General and the 19th Director of the Navy Nurse Corps. In November 1999, she served as Commander, National Naval Medical Center. Martin came to BUMED in 2002, assuming the role of Deputy Surgeon General.

During her college years, Martin joined forces with the Navy. She earned a Nursing degree from Boston University in 1973 through the Navy Nurse Corps Candidate Program. This fellowship program provided Martin with the education she needed to become a nurse, while requiring a one-tour commitment to serve upon graduation.

Upon completing her undergraduate education, Martin attended Officer Indoctrination School (OIS) in Newport, R.I. "It was at that time and still is an excellent preparation for the military world

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Navy Reservists get Free Dental Work - Just in Case

Hygienist wants them to be ready if they're called to Iraq

By Chereen Langrill, the Idaho
Statesman

BOISE, Idaho — Apollo College became a bustling dental clinic as students treated more than 60 Naval Reservists who could ship out to Iraq.

The free treatments were arranged by Kevin Laursen, a dental hygienist and Naval reservist who graduated from the Boise school in 2003.

"The goal today is ultimately to make them ready to be deployed," Laursen said. Although the Reservists haven't been deployed yet, they know it's a possibility and are prepared to go, he said.

Laursen plans to offer the clinics every six months; this was the first. He is among more than 150 Naval Reservists who report for training one weekend each month

at the Naval and Marine Corps Reserve Center in Boise.

About 90 Marine reservists from Idaho and other Northwest states are undergoing training at Camp Lejeune, N.C., and Twenty-Nine Palms, Calif. The group is part of a local tank company that will spend at least seven months in Iraq after training.

"Reservists who are deployed can't have untreated medical or dental problems, which is a Catch-22 for some Reservists," said Lt. Cmdr. Scott Parkinson. Reservists can't have active-duty status if they don't resolve their dental problems, but only active-duty military receive full medical coverage, including dental."

Reservists received cleanings, screening and other services. The clinic was open to all Naval Reservists on a first-come, first-served basis, Laursen said.

He said he was inspired to launch the free clinic because as a Reservist, he knew many colleagues lived on limited incomes and struggled to find affordable dental care. A 2000 Surgeon General's report named dental health as one of the top health care problems in the country, Laursen said.

Dr. David Reff, dental hygiene program director, said the clinic gave the students real-life experience. They typically treat five patients a week — patients pay a reduced rate — and spend more than two hours on each patient. This day they had about an hour to treat each person.

"It's really a win-win situation for everyone," Reff said.

Laursen is working on organizing the next dental clinic for Naval Reservists.

Breast Cancer Awareness Highlighted In May

By Journalist Seaman Heather Weaver, National Naval Medical Center Public Affairs

BETHESDA, Md. - During Breast Cancer Awareness Month in May, health care providers at the National Naval Medical Center (NNMC) are reminding women that early detection is a key to survival.

Every three minutes, a woman is diagnosed with breast cancer, which is now the leading female cancer diagnosis, according to the American Cancer Society.

"Early detection is your best protection," said Barb Ganster, a nurse case manager for the hospital's Breast Care Clinic. "The sooner we can detect it, the sooner we can treat you."

Early detection can be tricky, but the breast care center staffers recommend a process women can follow to protect themselves.

"Our first recommendation is for women to do a breast self-exam on a monthly basis one week after starting their menstrual cycle," Ganster said. "If post-menopausal, women should choose one day each month to do the exam."

Self-exams should start in a woman's early 20s, according to the American Cancer Society.

To perform a breast self-exam, a woman should lie on a flat surface and place a pillow or folded towel under her left shoulder. She should place her left hand behind her head, making sure her shoulder is raised high enough for her left

breast to be centered on top of her chest, falling neither to the center nor toward the armpit. According to Dr. Prabhavathi Nama, a medical consultant for the Women's Health Committee at NNMC, this arrangement distributes the breast tissue as evenly as possible and makes it easier to feel for lumps or abnormalities.

The American Cancer Society suggests the vertical-linear method of breast self-examination. Start the exam in the underarm area and move fingers downward until reaching the area below the breast. Move fingers slightly to the right, then examine tissue back up toward the top of the breast. Continue this motion until the whole breast is examined, feeling for any masses or change in the breast tissue.

Breast cancer does not always appear as a lump, Ganster said. Women should also stand in front of a mirror with their hands behind their heads looking for abnormal skin changes in the breast or armpit during the monthly self-examination. They should also be aware of nipple-fluid discharge, rashes, inflamed skin or any other abnormality.

Women over 40 should have a mammogram annually. A woman with a family history of breast cancer should begin mammograms 10 years prior the family member's age at the time of diagnosis.

Ganster also recommends that men who have a family history of

"Every three minutes, a woman is diagnosed with breast cancer, which is now the leading female cancer diagnosis," according to the American Cancer Society.

breast cancer also be aware of any changes, because they can also develop the disease.

"If any abnormality is detected, the woman [or man] should see a health care provider immediately," said Ganster.

At NNMC, the Breast Care Center can schedule an appointment within 72 hours. No referral is needed.

Tarawa continued....

(Continued from page 1)

than just the care of their crewmates. Tarawa is the flagship of Expeditionary Strike Group (ESG) 1, which is comprised of six ships and a submarine.

"We're the largest ship in the group, we have to be ready to take care of the Sailors on the smaller ships traveling with us, as well, should certain emergencies arise," said Lt. Stephanie Samson, ship's medical administration officer.

With more than 20 helicopters in ESG 1 providing support and an afloat medical facility second in capability only to the Navy's hospital ships, "Big T" and the Expeditionary Strike Group will be ready to adapt to any medical situation. This includes a wide range of operations from supporting the Marines of the 13th Marine Expeditionary Unit, to humanitarian relief and disaster assistance operations.

During the deployment, Tarawa's medical staff will be supple-

mented by Fleet Surgical Team (FST) 3, which arrived aboard in April. FST 3 brings operating specialists, the ability to conduct certain surgeries at sea and the capability to handle mass casualty events.

"We're looking forward to deployment. We're going to be ready for any mass events that might occur," said Lt. Cmdr. Henry Lin, FST 3's general surgeon. "We will be able to perform as close to a hospital at sea as you can get."

Mercy Staff Completes Humanitarian Mission in Papua New Guinea



U.S. Navy Cmdr. Susanne Clark, assigned to the Military Sealift Command (MSC) hospital ship USNS Mercy (T-AH 19), demonstrates how to assess an injured patient upon arrival to the emergency room to the nursing students at the Lutheran School of Nursing in Madang, Papua New Guinea. . U.S. Navy photo by Photographer's Mate 2nd Class Sandra M. Palumbo

By Journalist 1st Class (SW) Joshua Smith, USNS Mercy Public Affairs

ABOARD USNS MERCY - The Military Sealift Command (MSC) hospital ship USNS Mercy (T-AH 19) successfully completed its humanitarian assistance mission to Papua New Guinea May 20 and is now sailing east toward its homeport of San Diego, having provided medical care to more than 8,000 residents of Papua New Guinea.

Mercy arrived off the coast of Madang, Papua New Guinea, May 16, and personnel commenced humanitarian assistance operations at Modilon General Hospital the following day. Between May 17 and 20, Mercy's staff completed 27,931 medical procedures, conducted 27 surgeries, performed 114 dental examinations, 148 dental extractions and prescribed more than 1,000 pairs of glasses.

In addition to providing medical care, Mercy staff visited area schools to give lectures on wide ranges of important topics. The ship's Nurse Corps officers gave classes at the Lutheran School of Nursing in Madang on topics such as cardiopulmonary resuscitation (CPR), the initial assessment of a patient coming into the emergency room and wound care, while hospital corpsmen, dental technicians and culinary specialists visited local grade schools to teach kids the importance of proper dental hygiene and the essentials of maintaining a proper diet.

With the mission to Papua New Guinea complete, Mercy's first deployment since Operation Desert Shield/Desert Storm in 1991 draws to a close. Following a brief port visit in Pearl Harbor, Hawaii, Mercy will return to San Diego.

Yokosuka Hospital CO after Fastest Route to Urgent Care

Navy wants Japanese facilities to treat emergency Negishi, Ikego patients

By Juliana Gittler, Stars and Stripes Pacific edition

YOKOSUKA NAVAL BASE, Japan — The hour-long drive from the Negishi housing area to the Navy hospital in Yokosuka passes several Japanese hospitals.

That drive — especially for critical patients — concerns hospital officials, who have pledged to find a better solution, said Capt. Charles E. Taylor, U.S. Naval Hospital Yokosuka's commanding officer.

Taylor and his second-in-command, Capt. Greg Hoeksema, are working with the Japanese government to allow American patients at Negishi and its sister installation, Ikego, to go to closer local hospitals, ideally in a Japanese ambulance.

"The bottom line for us is in an emergency situation, the patient needs to get the highest level of care as fast as they can," Hoeksema said. "Delay is the enemy."

Taylor took this message to the installations recently during two town hall meetings, where residents

expressed concern about language differences and cost and quality of service.

Japanese ambulances have trained emergency medical staff, and because of the volume of calls they receive, they may be more experienced than EMT corpsmen who have fewer emergency calls, Hoeksema said.

In addition to getting patients to facilities faster, Hoeksema said, Japanese ambulances also know the best routes and procedures at local hospitals.

Despite such advantages, naval hospital officials recall several cases when Americans calling for help were adamant about going to Yokosuka, despite the longer drive. Taylor said doing so puts critical patients at serious risk.

Taylor acknowledged that American hospitals and Japanese hospitals are different, noting that Japanese hospital stays generally are longer and require more tests, but, he said, the priorities are the same: patient health and survivability.

He said hospital officials already strive to get U.S. patients taken to Japanese hospitals transferred to American facilities as soon as possible.

Residents at the town hall meetings also were concerned about payments, Taylor said, including the Japanese custom of paying up front. Taylor said he hopes an arrangement with the hospitals will allow representatives from Tricare, the military medical insurance network, to work out payments. Whether at Navy or Japanese facilities, insured patients still will have the same co-pay and deductibles, Taylor said.

Hospital leaders plan to have translators on ambulance trips. The hospital also has Japanese medical interns on hand to help translate.

"It's an emotionally charged time," Hoeksema said of trying to work out details of an agreement. But "it's all about improving quality of care. Sooner or later, we're going to have a bad outcome due to the time delays in transportation and we're concerned about it."

GSSOP Medical Team Conducts Emergency Casualty Evacuation

By Army Spc. David Boerst, GSSOP
Joint Public Affairs

Krtsanisi National Training Center, Republic of Georgia - On April 23rd 2005, a Navy medical staff sprang into action during an emergency evacuation exercise drill for the Georgia Sustainment and Stability Operations Program (GSSOP). The drill consisted of three injured troops at the grenade range at the Krtsanisi National Training Center, located in the Republic of Georgia.

This training is part of the 23rd Infantry Battalion and other Georgian unit's preparation for deployment to Iraq in support of the global war on terrorism and Iraqi stability. The overall training is conducted by Marine Corps infantry

and small arms trainers, a Navy emergency medical training team, Air Force communications technicians and Army contracting and visual communications experts.

The purpose of the drill was to test and evaluate the unit's ability to evacuate casualties by either helicopter or by ambulance to the Tbilisi Airport. In the scenario, the call came in to the medical main office around 10:30 am. Within seconds, Hospital Corpsman First Class Patricia Meier and Hospital Corpsman Joshua Wohlfarth were leaving in the ambulance to treat the three casualties.

Later, as they arrived at the grenade range they looked at each patient and evaluated their level of injury. After stabilizing the casualties, the corpsmen loaded the pa-

tients into the ambulance and rushed back to intensive care.

From there, LT Louis Cimorelli, the triage officer, evaluated the injuries that ranged from a minor hand injury to a severe head injury. Cimorelli made the call for a medical helicopter to fly into the Krtsanisi Training Area after deciding that two patients, one with a fracture and the other with a head injury, needed more medical care than the field medical facility could provide.

This was only one of many drills that the Navy Medical Team will experience while deployed. Although they practice to be more proficient in case of an emergency, the staff has high hopes for a safe deployment.

Deputy Surgeon General continued...

(Continued from page 2)

with its customs and responsibilities. All of the sudden, there were rules and regulations to follow. Sometimes it was like a bucket of cold water being thrown on you," she said. "Reality all of the sudden hits you. The staff and the curriculum at OIS is tailored in a way that you realize what was in your future and what the Navy is all about. I think that OIS is one of the best preparations individuals can have when coming into the military."

Martin's first duty station assignment was at the Naval Hospital

at Camp Lejeune, a Marine base in S.C. "It was a shock to me that I could even get orders to a Marine Corps base," she said. "When I received my order, I thought they made a mistake. So when I went to seek clarification, that is when I was educated that Navy Medicine takes care of both the Navy and the Marine Corps."

Camp Lejeune proved to be quite a different world. "The hospital realized there are individuals coming in who knew little about the Marine Corps, so they put us through an orientation program. Not only did it take a while to become attuned and acclimated to wearing a Navy uniform, but then realizing that this was a unique experience because it wasn't a Navy experience, this was a Marine Corps experience," said Martin. "At the time, we had small operational units that went out with the Marines. Never did I realize or think I would be going out into a field hospital environment on operational exercises. My first experience in the Navy was actually living in a tent."

With a career on the fast track, Martin's assignments included Pearl Harbor, San Diego and Port Hueneme, Calif. In 1993, she took her first Commanding Officer (CO) assignment as the CO of the Naval Medical Clinic at Port Hueneme. She also served as CO at the Naval Hospital in Charleston, S.C. from July 1995 to July 1998.

According to BUMED Surgeon General Vice Admiral Donald Arthur, Martin was an outstanding asset to the entire Navy Medicine community. "On behalf of all the men and women of Navy Medicine, I extend my heartiest congratulations and appreciation to Rear Admiral Kathleen Martin on the occasion of her retirement. She has been an outstanding leader and a superb Deputy Surgeon General in every respect," he said. "Her dedication and commitment have enabled Navy Medicine to continue providing quality, economical healthcare to our beneficiary population. She leaves a legacy of distinction and accomplishments in which she should take great pride and satisfaction."



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